

VET DIARY



OUR EXPERT

Nicola Thompson is a qualified vet who works for Wright & Moreton in Cheshire, a member practice of XL Equine. She has ridden since she was a child.

Dealing with colic

Equine vet Nicola Thompson sets out how she approaches colic cases, in order to give the horse the right treatment and the best chance of recovery



Colic is a common emergency

Colic is one of the most common emergencies I deal with. Therefore, I thought it would be useful to share with readers my approach to a colic case, from the initial phone call to treatment.

The call can come in at any hour of night or day, but even if the initial contact is made with the office, I will call the owner when I'm on my way, in order to get the lay of the land.

This is a useful time to get a brief history of the horse, including how he is managed, whether he lives in or out, what he's fed and his worming regime.

All of these things can help give me a possible cause of the colic, and an insight into the horse and owner's routine.

I also ask what symptoms the horse is showing – is he rolling violently or just occasionally looking at his belly? This can indicate the degree of pain a horse may be in. If he's throwing himself around the stable, or won't stay on his feet while being led, he is more likely to have a colic that needs surgery.

Initial assessment

When I arrive at the yard, I will watch the horse, while I talk to the owner. I'll take in the horse's stance and his demeanour and look to see if any droppings are present in the stable.

I will ask if the horse has been passing droppings of a normal frequency and consistency. Other important questions include: How long has the horse been colicking? When was he last seen behaving normally? Has he ever had colic before and have there been any changes in management?

“Through the initial assessment, I'm asking myself if the horse might need surgery”

Next, I take heart and respiratory rates and listen for gut sounds. I often take the horse's temperature.

Through this initial examination, I'm asking myself the question “Do I think this horse requires surgery?”. This question is important, as early referral gives a better outcome in most cases.

I know referral is not always an option but I find it helps focus my examination. Factors I take into account are:-

- Heart rate: a high heart rate can indicate a serious colic;
- Gut sounds: excessive gut noises, or total silence can both suggest a problem;
- Gum colour: dark gums can indicate severe colic;
- Pain level: a very important part of any colic assessment

I tend to give medication at this point but it is variable. Common medications

are pain relief, a drug which helps reduce muscle spasm and short-acting sedation to enable further examinations.

A changeable approach

In a lot of cases I also perform a rectal examination, which can help me diagnose a colic. Although you cannot reach the whole intestinal tract, it is possible to tell if the intestine is distended or not in the correct place.

I often pass a tube into the stomach, via the nose. This can tell me if fluid is backing up into the stomach and if I think there is an impaction I will give fluids via the tube, to help soften the impacted faeces. Through all of this I am looking at how the horse is responding to treatment, and considering if I need to refer him to hospital.

Although I have an overall plan of how to approach a colic, it changes depending on each situation. Every vet has a slightly different approach to how they take a history or the timing of any medication given.

The most important thing with a colic for me is to keep calm and examine the horse thoroughly, which can be difficult in such a stressful situation. ■



Gum colour can indicate how severe the colic is

Next issue: Nicola reveals what being a vet at an endurance competition involves.